

Colorado Access Formulary Change Notification

Commercial				
Drug Name	Effective Date	CHIP HMO	CHIP ASO	Change Note
EPIPEN INJ 0.3MG	12/4/18	NC	NC	Add brand as not covered on formulary.
epinephrine pen inj 0.3mg (brand equiv EPIPEN)	12/4/18	Tier 1	Tier 1	Add generic as covered on formulary; QL= 2 inj/fill
EPINEPHRINE INJ 0.3MG (IMPAX)- CVS Only (NDC: 00115169449)	12/4/18	Tier 1	Tier 1	Move brand to covered on formulary.
EPINEPHRINE INJ 0.3MG (IMPAX)- CVS Only (NDC: 54505010202)	12/4/18	Tier 1	Tier 1	Move brand to covered on formulary.
EPINEPHRINE INJ 0.15MG (IMPAX)- CVS Only (NDC: 00115169549)	12/4/18	Tier 1	Tier 1	Move brand to covered on formulary.
EPINEPHRINE INJ 0.15MG (IMPAX)- CVS Only (NDC: 54505010102)	12/4/18	Tier 1	Tier 1	Move brand to covered on formulary.
EPINEPHRINE PEN INJ 0.15MG (MYLAN) (NDC: 49502010102)	12/4/18	Tier 1	Tier 1	Move brand from Tier 2 to Tier 1; QL= 2 inj/fill
AMICAR TAB	12/4/18	Tier 2+Penalty	Tier 2+Penalty	Move brand from Tier 2 to Tier 2+Penalty.
levorphanol tab (brand equiv LEVORPHANOL)	12/18/18	Tier 1	Tier 1	Add generic as covered on formulary.
NEOMYCIN/POLYMYXIN/GRAMICIDIN OPHTH SOLN	12/18/18	Tier 1	Tier 1	Add brand as covered on formulary.
SULFACETAMIDE/PREDNISOLONE OPHTH SOLN	12/18/18	Tier 1	Tier 1	Add brand as covered on formulary.
PIMOZIDE TAB	12/26/18	Tier 1	Tier 1	Add brand as covered on formulary.
DVORAH TAB, ACETAMINOPHEN/CAFFEINE/DIHYDROCODEINE TAB	1/1/19	NC	NC	Add brand as not covered on formulary.
ELIDEL CREAM	1/1/19	Tier 2+Penalty	Tier 2+Penalty	Move brand from Tier 2, PA to Tier 2+Penalty, PA
pimecrolimus cream (brand equiv ELIDEL)	1/1/19	Tier 1	Tier 1	Add generic as covered on formulary; PA
ACTEMRA ACTPEN INJ	1/1/19	Tier 2	Tier 2	Brand remains covered on formulary; Update QL to 2 inj/28 days